FORM D

DEC 3 1 2003

UNITED STATES
ECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

03043749 hours per response	j

SEC USE ONLY							
Prefix	Serial						
DATE RECEIVED							

	amendment and name has changed, and ir	ndicate change.)		
NexQL Corporation				
Filing Under (Check box(es) that apply	: 🔲 Rule 504 🗍 Rule 505	Rule 506 □ Se	ction 4(6) ULOE	
	_ _	_	()	
Type of Filing: New Filing Ame	endment			
•	A. BASIC IDENTIFIC	CATION DATA		
1. Enter the information requested about	it the issuer			
Name of Issuer (check if this i	s an amendment and name has changed, an	d indicate change.)		
NexQL Corporation		a mareare emanger,		
Address of Executive Offices (Number	and Street, City, State, Zip Code)		Telephone Number (Including A	rea Code)
12250 Inwood Road, Suite 6, Dallas,	TX 75244		972-715-6950	
Address of Principal Business Operation	ns (Number and Street, City, State, Zip Coo	ie)	Telephone Number (Including A	rea Code)
		,	same as above	cu code)
(if different from Executive Offices) sa	ne as above		same as above	
Brief Description of Business				
Technology Services				
Time of Business Organization				
Type of Business Organization			10.	
□ corporation	☐ limited partnership, already formed	other (please sp	ecify):	~~cccfi)
□ business trust	 limited partnership, to be formed 			J C EARP
	Month	Year		<u>)CESS</u> ED _{N 022004}
4 . 1 . D 1D CT				N 09 7004
Actual or Estimated Date of Incorporati		03_ 🖾 A	tual 🗆 Estimated 📗 🕽 🗛	114 O to 222
Jurisdiction of Incorporation or Organiz	ation: (Enter two-letter U.S. Postal Service	abbreviation for State;	1	
•	CN for Canada, FN for other foreig	n jurisdiction)	F	THOMSON
		, <u>1</u>	<u></u>	FINANCIAL

GENERAL INSTRUCTIONS

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below, or if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

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A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
 - Each promoter of the issuer, if the issuer has been organized within the past five years;
 - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
 - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

Each general and m	anaging partner of p	artner issuers.			_
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first, if Brackett, Elliott	individual)				
Business or Residence Address 12250 Inwood Road, Suite 6,		et, City, State, Zip Code)			
Check box(es) that Apply:	☐ Promoter	⊠ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if NexQL Holdings, LLC	`individual)				
Business or Residence Address 12250 Inwood Road, Suite 6,		et, City, State, Zip Code)			
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)			
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stre	et, City, State, Zip Code)			
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stre	et, City, State, Zip Code)			
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	ss (Number and Stre	et, City, State, Zip Code)		13 15 Marie 10 1 2 2 2 1 Marie 10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Check box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if	individual)				- V
Business or Residence Addres	ss (Number and Stre	et, City, State, Zip Code)			,
<u> </u>					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

_	B. INFORMATION ABOUT OFFERING												
												Yes	No
1.	Has th	ne issuer sol	ld or does tl	ne issuer int	end to sell,	to non-acc	redited inve	stors in thi	s offering?				\boxtimes
	Answer also in Appendix, Column 2, if filing under ULOE.												
2.	What	is the minir	num invest	ment that w	ill be accep	oted from ar	ny individu	al?				<u>\$N/</u>	<u>4</u>
					-							Yes	No
3.	Does t	the offering	permit joir	nt ownershi	p of a singl	e unit?							
4.	Enter the information requested for each person who has been or will be paid or given, directly or indirectly, any commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering. If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
	ll Name	e (Last nam	e first, if in	dividual)									
Bu	siness o	or Residenc	e Address	(Number an	d Street, C	ity, State, Z	ip Code)			· · · · · · · · · · · · · · · · · · ·			
NI.	ma of	Associated	Droker er T)aalar									
iva	me oi z	Associated	Broker of L	Dealer									
				las Solicited lividual Sta							□ All	l States	
_	[AL]	[AK]	[AZ]	[AR]	□[CA]	[co]	☐ [CT]	[DE]	[DC]	[FL]	[GA]	[HI]	□[ID]
_	[IL]	[IN]	[AI]	☐[KS]	[KY]	[LA]	[ME]		☐ [MA]	[IM]		[MS]	☐ [MO]
	[TM]	[NE]	[NV]	□ [ин]	☐ [NJ]	[MM]	[ич]	[NC]	[ир]	[OH]	□ [0K]	[OR]	[PA]
	[RI]	[sc]	_ [SD]	☐ [TN]	 [XT]	UT]	UT]	☐[VA]	[WA]	_ [WV]	[WI]	_ [WY]	[PR]
Ful	ll Name	e (Last nam	e first, if in	dividual)			··· •·· • • • • • • • • • • • • • • • •					· · · · · · · · · · · · · · · · · · ·	
Bu	siness (or Residenc	e Address	(Number an	d Street, C	ity, State, Z	ip Code)			Ant a			
Na	me of A	Associated	Broker or I	Dealer									
Sta	tes in V	Which Derc	on Listed H	las Solicited	l or Intende	to Solicit I	Durchasers			· · · · · · · · · · · · · · · · · · ·			
				dividual Sta							🗖 All	1 States	
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	[MT]	[NE]	□[NV]	[NH]	\square [NJ]	[MM]	[ҮИ]	☐ [NC]	[ND]	[HO]	□ [OK]	[OR]	[PA]
	[RI]	☐ [sc]	[SD]	[TN]	[XT]	UT]	[VT]	[VA]	[WW]	[WV]	[WI]	[WY]	☐[PR]
Ful	ll Name	e (Last nam	e first, if in	dividual)									
Business or Residence Address (Number and Street, City, State, Zip Code)													
Na	me of A	Associated	Broker or I	Dealer									
				las Solicited						-		1 States	
	[AL]	[AK]	[AZ]	lividual Sta [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]		l States ☐ [HI]	□[ID]
=	[IL]	[II]	[AI]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MM]	[MS]	[MO]
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	[RI]	[sc]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[AW]	[WV]	[MI]	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero". If the transaction is an exchange offering, check this box \square and indicate in the column below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate ffering Price	Amount So	
	Debt			\$	
	Equity	\$	1,000,000	\$1	,000,000
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$		\$	
	Other (Specify)	\$		\$	
	Total	\$	1,000,000	\$1	000,000
	Answer also in Appendix, Column 3, if filing under ULOE				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
			Number Investors	Dollar A	regate Amount rchases
	Accredited Investors	1		\$1	000,000
	Non-accredited Investors			\$	
	Total (for filings under Rule 504 only)			_ \$	
	Answer also in Appendix, Column 4, filing under ULOE				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1. Type of Offering		Type of Security	Dollar A	Amount old
	Rule 505		Decarity .		
	Regulation A		2	_	
	Rule 504				
	Total				
4.a	Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		•		
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs	<i>,</i>	🗆	\$	
	Legal Fees		🖾	\$	40,000
	Accounting Fees		🔲	\$	
	Engineering Fees		🗆	\$	
	Sales Commissions (Specify finder's fees separately)		🗆	\$	
	Other Expenses (identify)	,	🗆	\$	
	Total		🛛	\$	40,000

	C. OFFERING PRICE, NU	MBER OF INVESTORS, EXPENSES A	ND USE	OF P	ROCEE	DS
	total expenses furnished in response to Part	offering price given in response to Part C-Questic t C-Question 4.a. This difference is the "adjust	ed gross			\$960 <u>,000</u>
5.	of the purposes shown. If the amount for any p	s proceeds to the issuer used or proposed to be used purpose is not known, furnish an estimate and check ments listed must be equal to the adjusted gross process 4 by above	the box			
	ine issuer set fortil in response to Part C-Questi	1011 4.0. above.	·	Of Dire	ments to ficers, & filiates	Payments To Others
	Salaries and fees			\$	□	\$
	Purchase of real estate			\$	□	\$
	Purchase, rental or leasing and installation	on of machinery and equipment		\$	□	\$
	Construction or leasing of plant building	s and facilities		\$	□	\$
		ing the value of securities involved in this offering				
		or securities of another issuer pursuant to a merger		\$		\$
	Repayment of indebtedness			\$	🗆	\$
	Working capital			\$	🛛	\$ 960,000
	Other (specify)		□	\$	🗆	\$
				\$	□	\$
						\$960,000
	Total Payments Listed (column totals ad	ded)		-	⊠ : \$_	960,000
_		D. FEDERAL SIGNATURE				
-				£11	4. D.1. 6	:05 d - 6-11
się	gnature constitutes an undertaking by the issuer	d by the undersigned duly authorized person. If the to furnish to the U.S. Securities and Exchange Confedited investor pursuant to paragraph (b) (2) of Rul	mmission,			
S	suer (Print or Type)		Date	. ,		
Ne	exQL Corporation	Eller hun	12	130/	o3	
Va	ame of Signer (Print or Type)	Title of Signer (Print or Type)				
Ξl	liott Brackett	Chief Executive Officer				
	·					

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)